

ARIZONA FORM**210****Notice of Assumption of Duties
in a Fiduciary Capacity**

Complete and mail to: Fiduciary Unit, Arizona Department of Revenue, 1600 W. Monroe, Rm. 610, Phoenix, AZ, 85007-2650
For assistance, call (602) 542-4643 or toll-free from area codes 520 and 928, call (800) 352-4090.

Notice is hereby given of the assumption of duties in a fiduciary capacity in the estate named below pursuant to ARS Section 43-1346.

Section I Decedent Information

Full name of decedent	Decedent's Social Security Number	Decedent's date of death MM / DD / YYYY
	Estate's Federal Employer I.D. Number	Decedent's date of birth MM / DD / YYYY
Full name of spouse	Spouse's Social Security Number	If spouse is deceased, date of death MM / DD / YYYY
	Last known home address of decedent	
Date domicile was established in Arizona. If nonresident, describe Arizona property on a separate schedule. MM / DD / YYYY		
Mailing address if different from home address		

Section II Fiduciary Information

Name of fiduciary	Telephone number ()
Address	

Section III Probate Information

County in which estate is being probated	Probate Number	Date of fiduciary's appointment MM / DD / YYYY
Name of attorney	Telephone number ()	
Address		

Section IV Estate Information


Approximate value of entire gross estate \$	Approximate value of probate estate \$
Name, address, and Social Security Number of beneficiary(ies). Attach extra sheet with additional name(s), address(es), and SSN(s)	

Section V Termination of Fiduciary Relationship

Complete this section only if you are terminating a prior notice of a fiduciary relationship.

If you are terminating a prior notice concerning fiduciary relationships on file with the Arizona Department of Revenue, *check this box.* ☐

Enter the date the fiduciary capacity was terminated MM / DD / YYYY

 SIGNATURE OF FIDUCIARY	TITLE	DATE
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